

THE DEPUTY SECRETARY OF STATE
WASHINGTON
NSC UNDER SECRETARIES COMMITTEE

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NSC 67/DM-130A

July 29, 1976

MEMORANDUM FOR THE PRESIDENT

Subject: First Annual Report on U.S.
International Population Policy

Responsive to NSDM-314, I submit herewith the first annual report on International Population Policy, which has been prepared by the Interagency Task Force on Population Policy. The report was approved by all Members of the Under Secretaries Committee; Treasury submitted a statement of clarification, which is attached to the report.

This report develops further the general strategy set forth in NSSM-200 study (approved by NSDM-314). It underscores in particular the NSSM-200 recommendation that the President and the Secretary of State, as well as our Ambassadors and others, treat the subject of population growth as a matter of paramount importance and address it specifically in their regular contacts with leaders of other governments, particularly less developed countries (LDC's).

In order to maximize U.S. popular and Congressional understanding and support for our international population programs, we recommend that at a suitable time there be at least a brief public Presidential statement of our international population policy and objectives.

In the last analysis, the problem must be resolved by the countries threatened by excessive population growth. Increasingly, these problems are being met through specific measures such as better

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education and information programs, better outreach of family planning services and supplies, the development of more effective and acceptable means of contraception, changes in laws and policies to support family planning such as delayed marriage, and, most importantly, the improved status of women.

However, even in the aggregate, we believe that these approaches are inadequate to cope with the total problem. The report (Section II) therefore emphasizes three additional principal lines of attack that have already proved successful in several countries; and we should find ways to encourage their replication elsewhere: (a) strong direction from national and provincial leaders; (b) emphasis on community participation to root family planning in village life; and (c) integration of health, family planning, and nutrition, including training of competent multi-purpose paramedics to provide fellow villagers with family planning as well as other medical services. As for (c), Secretary Kissinger has already advocated this approach at the United Nations General Assembly Special Session last September and more recently at the Nairobi United Nations Conference on Trade and Development.

It should be emphasized that the funding levels set forth in Section VI of the attached report are illustrative only.

In the next few months as a matter of high priority, the Task Force will be directing special attention to how best to promote and strengthen effective population strategies in the key 13 countries cited in NSSM-200/NSDM-314, including our estimates of projected funding requirements. In addition, the Task Force will examine expected sources and adequacies of food, the relationship between these patterns and population growth, and implications for our population and other assistance programs. Over the longer term, the Task Force will be assisting AID's continuing efforts to develop and improve methods by which performance criteria for our programs in the key 13 and other countries can be utilized in the most effective and directed way.

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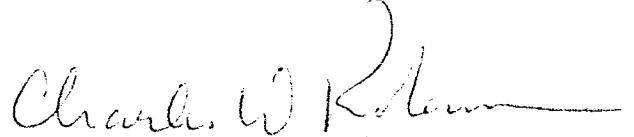
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Clearly, there is need for an expanded worldwide effort to cope with the problem. As pointed out in our assessment (Section I), excessive population growth is causing serious environmental deterioration, rising unemployment and underemployment, and a surge of humanity into cities where jobs, housing, sanitation, and other basic facilities are lacking. These overcrowded cities are spawning crime, social unrest, and potential extremism, all with serious strategic implications. Our own national security interests are ultimately affected. As nations increasingly feel the impact of excessive population growth, interest grows, and requests for assistance mount in this field. Any delays in implementing effective population programs will only make the ultimate problem far more serious and intractable. Under these circumstances, we believe there is clear justification for increased funding levels (generally as recommended in NSSM-200) which, together with anticipated increased contributions by recipient nations, other donors, and international organizations and private voluntary groups, will result in a more vigorous, effective attack on the problem.

It is specifically recommended that you:

(a) Approve the general strategy reflected in this paper, including a Presidential statement (proposed text is attached) at a suitable time, and

(b) Approve in principle an expansion of AID's population assistance program. The attached First Annual Report (specifically in Section VI) sets forth general program directions as well as illustrative funding levels.



Charles W. Robinson
Chairman

Attachments:

As stated

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U.S. INTERNATIONAL POPULATION POLICY

FIRST ANNUAL REPORT

Prepared by the

INTERAGENCY TASK FORCE ON POPULATION POLICY
May 1976

INTRODUCTION

NSDM-314 of November 26, 1975, requires that the Chairman of the NSC Under Secretaries Committee submit annual reports, the first to be prepared within six months of the above date, on the implementation of U.S. international population policies as set forth in the Executive Summary of NSSM-200, modified by NSDM-314. The first required annual report is herewith submitted by the Interagency Task Force on Population Policy, established by the Under Secretaries Committee for the purpose of coordinating and implementing the above policy.

The first step taken by the Task Force in implementing the new Presidentially approved policies was to ensure that all responsible officials in Washington and the field were informed of the essential content of NSSM-200 and NSDM-314. It would be difficult to overstress the importance of involvement of our leaders, Ambassadors, and Country Teams in overseas population issues. In fact, this may be the most important conclusion of NSSM-200. Our officials must know about the facts of population growth and be fully persuaded of the importance of this issue. They must then find suitable occasion and discreet means to bring the message most persuasively to the attention of LDC leaders whose influence is decisive in shaping national policies and programs. Without this total involvement of our diplomacy, our efforts will fall far short of the mark.

To this end, and in order to increase U.S. popular support for involvement in international population programs, we recommend that there be at some suitable time at least a brief public Presidential statement of our international population policy and objectives.

This report is divided into six main sections, as follows:

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- I. The world population crisis: Its dimensions and responses by nations most affected.
- II. Overall U.S. strategy and development of world commitment to population stabilization.
- III. Maximizing efforts and contributions of other donors and organizations and improved coordination.
- IV. Improved demographic information and data base.
- V. Biomedical and social sciences research on broader factors affecting birth rates.
- VI. Future direction for our AID programs, with projected funding levels for population assistance.

Special attention is called to the interrelationship between Sections I, II, and VI. Section I is a worldwide review of the population crisis based on information recently received from 77 U.S. Embassies in response to a Task Force circular instruction. This Section highlights fully as much as NSSM-200 the serious consequences -- environmental, economic, social, political, and even strategic -- of current population growth in many areas of the world, and yet Embassy responses also serve to underline the rising awareness amongst the LDC's, especially in Asia, of the need for effective counter-measures.

Section II underscores the need for our dealing with this worldwide problem as an integral part of our total diplomacy, specifically recommending how best we can direct our influence and support with regard to countries with varying degrees of commitment toward coping with their population problem.

Section VI, the major review of AID's population program directed in NSDM-314, recommends how, within that broad framework, our foreign assistance programs can be most effective, with particular emphasis on future directions and funding levels of population assistance.

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I. The World Population Crisis: Its Dimensions
and Responses by Nations Most Affected*

A. Embassy evaluations of the world population crisis largely substantiate the conclusions of NSSM-200, but with even greater emphasis on the significant impact of population growth on environment and on generating unemployment. Embassy evaluations are somewhat less concerned than NSSM-200 with regard to the availability of food to meet population growth in the immediate future. However, our Ambassadors see this as a serious threat in the longer run, with the LDC's increasingly dependent upon food imports, running deeper and deeper into debt and unable to finance the considerable capital cost involved in adequately expanding food production.**

B. A majority of our Embassies in Africa, Asia, and some in Latin America report large pockets of declining agricultural productivity due to widespread slash-and-burn farming, overgrazing, overcropping, often necessitated by population pressures. The cutting of forests for firewood and to clear ground for cultivation is particularly serious where it undermines soil stability and reduces protection against erosion. The examples of Nepal and Java are most striking in this regard, as is the northward and southward advancement of the Sahara.

C. Embassy responses also emphasize the serious implications of rising unemployment/underemployment, with countless millions unable to eke out a living in rural areas, jamming into already overcrowded cities where living conditions

*This section of the report is responsive to NSDM-314's request that we take a new hard look at the world population problem. All conclusions in this section are based on a lengthy analysis (summarized at Annex I) of responses the Task Force has just received from 77 U.S. Embassies in less developed countries. In other words, this section objectively reviews the problem as seen through the eyes of our Ambassadors and Country Teams.

**This conclusion is generally confirmed by a recent USDA report which concludes that, unless there is some check on population growth rates, "there ultimately is no solution to the world food problem."

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for many are appalling. Such conditions can only spawn social unrest with serious political and even potential strategic implications. Embassy responses also underline the fact that migration abroad is no longer the safety valve it once was for relieving population pressures. European countries, in particular, are now more restrictive with regard to accepting migrant workers.

D. We were particularly struck by the trouble shaping up in our own Latin American backyard, basically due to some of the highest population growth rates in the world. Embassy Mexico points out that the number of "subsistence-level Mexicans may pose a severe internal security threat;" and that large numbers of illegal immigrants "could cause overwhelming political, economic, and social problems in the United States ..." and that it would be "an understatement to note that our bilateral relations will experience a great strain." A similar danger is brewing in Hispaniola. Embassy Santo Domingo reports serious concern over potential illegal immigration from Haiti and -- should domestic conditions deteriorate -- of the possibility of a Cuban-Haitian intervention in the Dominican Republic. Embassy Port-au-Prince agrees that attempts to emigrate illegally to the Dominican Republic "would lead to stern Dominican counter-measures and the resumption of open hostilities."

E. Despite these ominous conclusions, Embassy responses nevertheless point up the fact that more and more countries, including most of the big population countries, have taken counter-measures in the form of national policies and programs to control population growth, though the strength of their commitment and the efficiency of their programs vary widely. We conclude from Embassy responses that, of the 1.8 billion people living in surveyed LDC's (1) 1.3 billion live in 26 countries whose governments now have explicit population control programs related to their national economic development plans*; (2) 462 million live in 36 countries whose governments accept family planning as a means of improving maternal/child health but do not have government programs to limit population growth; and (3) 91 million live in 15 countries (mostly in Africa) where there are no population programs, and some of the governments are pro-natalist.

*With the inclusion of China and North Vietnam, 2.1 billion people live in 28 LDC countries with explicit anti-natalist policies.

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F. Some 15 of the LDC's, according to Embassy reports, have already significantly reduced their birth rates. They include: China, Thailand, Republic of Korea, Colombia, Taiwan, Sri Lanka, Malaysia, Tunisia, Singapore, Jamaica, Costa Rica, Panama, Trinidad and Tobago, Mauritius, and Barbados. Additionally, Indonesia and the Philippines and at least parts of India (e.g., Kerala) have hopeful outlooks in fertility reduction.

G. On the other hand, our Embassies note persistent obstacles to acceptance of birth control in the LDC's including all the factors mentioned in NSSM-200 but also underscoring the fact that program implementation is badly handicapped in a number of countries through lack of executive talent (e.g., Egypt, Kenya, Ghana, Haiti, Iran, Malaysia, Nicaragua, Mali, Botswana, Nepal, Ecuador, Liberia) and shortages of professional manpower. Political sensitivities -- re birth control issues -- also impede vigorous implementation of governments' declared family planning policy in some countries such as Turkey, Morocco and Malaysia.

H. The overall conclusion to be drawn from Embassy reports is that current LDC population growth poses serious problems, but this is counter-balanced to some extent by encouraging evidence of greater attention to population policies on the part of most of the LDC's, significantly including the three largest: China, India, and Indonesia.

II. Overall U.S. Strategy and Development of World Commitment to Population Stabilization

A. U.S. strategy in dealing with the world population problem proceeds from a recognition of the disastrous implications of current population growth rates (including threats to our national security), and yet a counter-balancing recognition that the problem can be significantly eased if the nations of the world take prompt and effective counter-measures. The main task is up to nations handicapped by excessive population growth, which includes almost all the developing world. But these nations need outside help, and it must be our principal task to see that, in cooperation with other donor nations and organizations, we render effective assistance, when requested and desirable.

B. Whatever promotes stability, economic development, better health, improved education, and so on, particularly

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as such measures broaden opportunities for women, will also create a more favorable setting for reducing current excessive population growth rates which in turn should induce countries to become committed to population stabilization. We therefore draw attention not only to the specific recommendations relating to AID programs in Section VI below but also to the need for overall assistance to the developing world along lines of the proposals made by Secretary Kissinger before the Seventh United Nations General Assembly Special Session and his specific suggestions made more recently before the UNCTAD Conference at Nairobi.

C. In the case of countries that have an announced national policy on family planning and development (hereafter termed the "committed countries"), the U.S. should, in addition to its current AID programs, discreetly promote three approaches that are interrelated and have proved highly effective:

1. Encourage national leaders to speak out clearly and firmly in support of broad-based population programs, while maintaining discipline down the line to see that population policies are properly administered and implemented, particularly at the village level where most people live;
2. Encourage these countries to adopt innovative approaches (which have already proved successful in several countries), designed to root family planning in the villages, relating family planning to the economic interests of the community, and thus creating peer pressures for limiting the size of families;
3. Train paramedics, midwives, volunteers, and others to provide general health services, including family planning in villages where these people are known and trusted. This extended personalized family planning advice, to be most effective, must reach women before they become mothers (so first births can be postponed if women so wish) and at least from the moment they have their first child, when spacing of children should be strongly recommended. Sterilization should be offered when the desired family size has been reached.

D. We recommend that U.S. officials refrain from public comment on forced-paced measures such as those currently under active consideration in India. The Indian Government's

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demand for accelerated action is understandable, but there are moral considerations as well as practical obstacles to involuntary sterilization programs (inadequacy of medical, legal, and administrative facilities), and they might have an unfavorable impact on existing voluntary programs. This is not to be confused with a variety of individual and community incentive schemes the Indian authorities have under consideration to promote voluntary sterilization and other forms of contraception.

E. In the case of LDC countries uncommitted to population programs, our efforts must be fine-tuned to their particular sensitivities and attitudes. In the main, we should avoid the language of "birth control" in favor of "family planning" or "responsible parenthood," with the emphasis being placed on child spacing in the interests of the health of child and mother and the well-being of the family and community. Introduction and extension of primary health services are, in fact, the principal ways of successfully introducing family planning into many of these countries. We should also find ways, such as through informal personal contacts and special graphic presentations, to show leaders how current growth rates detract from their countries' economic development prospects. This, together with economic and demographic training of promising LDC officials, is particularly important in view of widespread unawareness of the economic facts of life, including wishful thinking that economic development will automatically resolve the population problem. Other recommended steps in dealing with the non-committed countries are to be found in Annex II.

F. We should lend even stronger support to worldwide efforts for the improved status of women and for their active participation in community and national life. The advancing status of women in parts of Asia and Latin America has evidently been a major factor in promoting successful family planning and in reducing birth rates.

G. In order to increase U.S. population support for involvement in international population programs, it would be helpful at some suitable time and occasion to have at least a brief public Presidential statement of our international population policy and objectives, in the context of our desire to improve conditions of life for mankind for endless generations to come. In all our statements, we should accent the positive, though warning that effective solutions will require the concentrated, sustained efforts

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of nations and international organizations as well as the cooperative involvement of millions of dedicated people. We should ensure that all countries have the benefit of learning about approaches that have proved successful and might have wider applicability.

H. We must nevertheless be selective and low-key in our approaches, lest population programs otherwise be seen as primarily serving U.S. interests rather than those of other countries. That is why it is so important that the LDC's take more of a lead on population issues at international conferences and at home. A great deal of our work must involve personal contacts with men and women of influence in the LDC's and in donor countries, as well as with our Congress, the media, U.S. organizations, and groups of concerned citizens. We must help ensure that international organizations like IBRD, WHO, UNDP, UNICEF, and UNFPA, as well as private voluntary organizations, play an active, positive role in support of population programs, although we do not believe that further Bucharest-type meetings on population issues would serve any useful purpose at this time. The focus should now be on effective implementation of the Bucharest Plan of Action.

I. Over the next year, the Task Force will devote special attention to the five major population countries (Brazil, Nigeria, Egypt, Turkey, and Ethiopia) where there is little or no action in the population field; as well as to the other eight countries of the "big 13" listed in NSSM-200 (India, Indonesia, Bangladesh, Pakistan, Philippines, Thailand, Mexico, Colombia) which have active population programs, but where in most cases performance can be improved.

III. Maximizing Efforts and Contributions of Other Donors and Organizations and Improved Coordination

A. At a time when there is growing LDC concern and interest in combatting excessive population growth, it is particularly important that as many financial resources as possible are brought to bear on the problem, including assistance from other donor states as well as international organizations. While U.S. population assistance declined in 1974 and 1975 due to reduced appropriations, the contributions of other donor countries rose from \$40 million in 1973 to \$80 million in 1975 (about 1/3 of which was directed through UNFPA and IPPF); and further increases are projected for 1976. However, such key countries as the Federal Republic

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of Germany, Sweden, and Belgium may be leveling off their population assistance. Our ability to play the leadership role stipulated in NSDM-314 and our success in getting other donor nations to do more will necessarily relate to increasing our own population assistance funding.*

B. If the U.S. announces its intention to increase its funding, we will be in a better position to carry out a major effort to get other donors to increase their funding beginning later this year. In addition to the traditional donors, we should also encourage the newly rich, oil-producing states to make contributions to the UNFPA, using the recent Libyan (\$1 million) and Algerian (\$500,000) contributions as a basis. The most effective channels in this regard are likely to be UNFPA or representatives of countries which have particularly close ties with the oil-producing states.

C. There is also need for improved coordination efforts amongst donors, particularly since many donors are now re-examining their overall development assistance programs in the context of population growth and are also giving greater attention to programs which provide improved basic integrated health/family planning/nutrition services with maximum rural outreach. With regard to coordination within countries, experience indicates that it can best be achieved in the capital of the recipient country through a group consisting of representatives of that country and all donor countries and organizations concerned. Although such formal groups are occasionally unacceptable to the host country for political reasons, some degree of coordination, however informal, is advisable in order that priority needs are met with minimum overlap and delay.

D. For international coordination, we recommend a three-tiered mechanism. First, general coordination of the population activities of donor nations could take place in the OECD Development Assistance Committee (DAC), with associated international organizations participating. Second, questions of population program funding levels and the impact of general development programs on fertility could be discussed at other meetings such as the "Tidewater" Conferences which are attended by heads of donor aid agencies. Third, senior officials specifically concerned with population assistance could discuss program design, recipient country problems, and other technical questions at periodic meetings which focus on specific issues. Efforts are already beginning in this direction.

* OMB Member questions this statement on the grounds that, as the major and most experienced donor in the field, the United States could presumably continue to play a leading role even if total funding remained level.

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E. The United Nations Fund for Population Activities (UNFPA) and the private International Planned Parenthood Federation (IPPF) represent the two most important channels for assistance provided through international organizations and private intermediaries. These intermediaries can operate, though sometimes with limited efficiency, in countries where AID's bilateral assistance programs are not now acceptable. In over half of the key 13 NSSM-200 countries, the total U.S. effort is limited to our indirect support for activities of these intermediaries.

F. International and regional awareness of the problem of population growth has essentially been achieved; the time for national action is upon us. In response to country requests, the UNFPA is shifting from regional to specific country programs for which 80% of its 1977 budget will be allocated, either directly or through other UN agencies. However, UNFPA has not concomittantly shifted its program content emphasis from "consciousness raising" to the delivery of effective family planning services/information and to efforts to use development policies and programs more generally to affect fertility. We recommend that we use our influence through our UN delegation and in donor and recipient nation capitals to seek such a shift. Moreover, we must continue to press UNFPA to improve the efficiency of its operations.

G. In the past, the UN Specialized Agencies (SA's), e.g., FAO, ILO, UNESCO, UNICEF, and WHO, have administered most of UNFPA's operational programs using UNFPA funds. The SA's have used only limited amounts of their own resources for population programs and even then only for general and academic purposes rather than country specific and practical ones. As a result, we support the current trend in UNFPA to administer more of its own projects and the related need for increased staff and monitoring capability. We recommend, however, that UNFPA maintain liaison with the SA's to ensure that SA projects support fertility reduction. In addition, we recommend that the U.S. delegations to the various SA's be instructed to support coordination with the UNFPA and to push for consideration of secondary fertility reduction effects in SA projects.

H. Assuming that (1) the trends toward UNFPA-administered country-specific programs continue; (2) program content begins to shift as indicated in paragraph F; and (3) UNFPA program efficiency generally improves, we plan to increase our UNFPA contribution in order to bridge the current UNFPA gap between contributions (\$76 million) and promising assistance requests.

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(\$105 million). This increase would be additive to the proposed expansion of the U.S. bilateral efforts espoused in Section VI.

I. Unlike UNFPA, IPPF and other private population-oriented intermediaries do not require explicit country agreements to operate. As private organizations, they require only acquiescence. As a result, they operate in the eight NSSM-200 big population countries in which the U.S. does not have bilateral population programs, most importantly in those whose governmental commitment to family planning is limited or non-existent, i.e., Brazil, Ethiopia, Nigeria, and Turkey. Through local subsidiary organizations, intermediaries like IPPF can act as local family planning advocates using local community leaders, a role no foreign government or international organization can hope to play. Although contributions to private voluntary population-oriented organizations mean less direct control of programs, we recommend, for reasons enumerated above, that AID continue to extend financial support to these groups provided they can program funds roughly according to the directions we outline in Section VI below and provided they can demonstrate that funds will be used with reasonable efficiency.

J. The World Bank Group is the principal international financial institution providing population programs. However, the Bank's policy prevents it from financing consumables such as contraceptives and other family planning commodities. This restricts its ability to finance population projects with its available funds. At present a high-level outside consultant group is evaluating the Bank's population programs. This evaluation and our review of it should help provide a clearer picture of what improvements there might be in the Bank's role and activities in the population field.

K. In addition, given the important secondary effects on fertility that general development efforts can have, we recommend that the Bank analyze the population impact of all its new projects, especially those in the newly constituted project area of nutrition.

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L. As UNFPA has more demands for its assistance than it can fund, and as the World Bank is willing to provide more population assistance if promising requests exist, we recommend that the Bank coordinate with UNFPA to determine if some of these outstanding requests for population assistance can be met.

IV. Improved Demographic Information and Data Base*

A. U.S. policy in this field should focus on (1) increasing the flow of accurate and timely demographic information and (2) improving the demographic data base in both quantity and quality by:

1. Improving LDC capabilities to participate in both shorter and longer-term detailed survey activities which will generate more immediate information about the effectiveness of health, family planning, and related development assistance programs; and
2. Improving the capabilities of LDC's to participate in longer-term population census activities.

B. Given severely limited AID resources, primary emphasis should be given to the first area because of the urgent need to produce data in connection with on-going and projected studies and to take advantage of the opportunity to include the collection of data as an integral part of such programs. It is clear, however, that U.S. support for the latter, particularly the 1980 census program, should continue through U.S. assistance to activities basic to censuses such as training, computer software packages, and technical advisory services.

C. In the months ahead, activities in this field will be considered in light of available resources, other demands on these resources, and opportunities to relate them to programs of other agencies active in this field, including the United Nations and other international agencies.

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This draws on a special report by the Bureau of the Census.

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V. Biomedical and Social Sciences Research on
Broader Factors Affecting Birth Rates

A. The review of current research programs of the various agencies suggests limited change in prospective future actions in the various research areas. However, there is need for better focus and coordination among the two principal Federal agencies concerned: AID, which has been the leader in international population research, particularly as applied to developing countries; and the Center for Population Research in the National Institutes of Health, which has the world's largest research effort in population.

B. In coordination with NIH, AID should moderately expand its biomedical research effort, especially focusing on developing new and promising contraceptive methods (particularly reversible sterilization and injectibles) that will be appropriate to the needs of the LDC's, and exploring the adverse side effects of current contraceptive methods on various population groups among whom peculiar side reactions might be anticipated. NIH, in coordination with AID, should also pursue its biomedical research, which is oriented more to developed countries like the U.S. but frequently with potential worldwide application.

C. AID should expand its LDC-based research on comparative effectiveness of family planning systems with particular emphasis on low cost/village-based services using health auxiliaries and laymen, and it should continue to address the desirability and feasibility of integrating health, nutrition, and family planning services in a variety of ways in different circumstances.

D. AID should expand its social sciences research on the links between fertility and various aspects of development, particularly female education and employment, health conditions (especially of children), incentives/disincentives to encourage small families, income growth and distribution, and laws and policies which are supportive of family planning. Additional research is also needed on the implications of population growth for development.

E. The Center for Population Research in the National Institute of Child Health and various philanthropic agencies of the United States should also continue their work on the

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development of contraceptive methods. Field-testing of new contraceptive methods in the LDC's should be only on request and with approval of the local government, and should have as its prime objective a benefit for the particular people upon whom it is being tested.

F. Finally, the Interagency Committee on Population Research should develop a plan for the improvement of coordination among the various U.S. public and private agencies to ensure maximum productivity from public outlays. Similarly, the U.S. should encourage closer coordination with the research programs of other international donors to provide maximum exchange of information and earlier exploitation of prospective breakthroughs.

VI. Future Direction for our AID Programs, with
Projected Funding Levels for Population Assistance

A. This Section of the report relates how, within the broad framework of the preceding Sections, our foreign assistance programs can best achieve the most voluntary reduction in fertility with limited funds. We fully support the conclusions of NSSM-200 that far greater efforts, including more U.S. population assistance, will be required to cope adequately with world population growth. The need is compelling (see Section I); the interest and demand are rising (see Section II). Moreover, more attention must be given to the potential indirect impact on fertility of development programs and policies in general.

B. This broad-gauge approach could reduce fertility dramatically in the next decades, but the population problem cannot soon be erased. Because of the youthful age structure of the populations of today's developing countries, population growth will persist for some time to come, even if the two-child family should suddenly become the norm.

C. In response to NSSM-200 and NSDM-314, AID had undertaken a broad review of efforts (particularly U.S.-assisted efforts) to reduce fertility. Based on this analysis, AID has established program directions for population-related assistance over the next several years.

D. Consistent with the findings of NSSM-200 and NSDM-314, due priority is given to the 13 big population growth

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countries (Brazil, Colombia, Mexico, Nigeria, Ethiopia, Egypt, Turkey, Bangladesh, India, Pakistan, Indonesia, Philippines, and Thailand). AID has given major assistance directly or indirectly to Colombia, India, Bangladesh, Pakistan, Indonesia, Philippines, and Thailand. But India, Brazil, and Mexico do not now desire U.S. bilateral assistance; Colombia has asked AID to phase out; Turkey has taken only limited steps; and Nigeria and Ethiopia have shown little or no interest in their population problems. Each of the 13 countries poses special problems; the courses appropriate to each country are not the same.

E. In the past several months, useful high-level meetings on population issues have been held with Asian leaders. As a result, our Embassies report both the Philippines and Pakistan are undertaking additional measures to make contraceptives more widely available to the villages. Other steps are under active consideration to promote family planning measures in Brazil, Colombia, and Egypt. In the countries not desiring bilateral U.S. population assistance, particular attention is paid to specific opportunities to assist through intermediaries (e.g., IPPF or UNFPA) that can operate efficient programs along the directions outlined below.

F. Moreover, AID seeks additional opportunities to assist in a limited number of other countries where prospects for demographic impact are bright or where experience applicable to major countries can be gained. Specific country program strategies will be developed and reviewed in the next year in the context of the overall program directions described below.

G. Designing programs to reduce fertility must take into consideration individual couples' choices about child-bearing and family planning. Couples need not affirmatively decide to have a child. But they must affirmatively decide to practice family planning. Consciously or unconsciously, they weigh the pros and cons of another child against the pros and cons of available means of family planning. Their attitudes toward family planning depend on the type, cost, and accessibility of the services available to them and also on the extent to which they accurately understand those services. Their views on the desirability of a child are most complex, and depend largely on the social, cultural, and economic milieu.

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H. Providing better family planning services and information is the most obvious way to tip parental decisions in favor of family planning. Better services and information can avert extra births that couples do not affirmatively seek. They can also help reduce insurance births as wider spacing of pregnancies helps to improve the health of existing children. Less obviously, they can indirectly influence the number of children parents seek; for as services change family size, they help modify future family-size norms.

I. Thus, most population programs have concentrated on developing and extending better family planning services and information. Over the past decade, AID has devoted some \$750 million to population assistance, primarily to improve and extend services and information. While it is difficult to quantify the demographic impact precisely, available evidence indicates that AID assistance has been quite significant, particularly in Asia. Since services are as yet really accessible to only about 15% of most LDC populations, expansion of AID population assistance of this sort should bring about further birth-rate reductions. A principal focus of the program directions is on determining more accurately what assistance measures work best. While the Annex (and other studies available to those interested) summarize available evidence, there is as yet no litmus test to guide us in predicting the most successful program mix in each country setting. Similarly, there are as yet no universally applicable performance criteria, but benchmarks are established for assessing program performance that reflect individual country conditions.

J. But family planning services and information alone will not likely bring birth rates down to current LDC target levels, much less to stable population levels which would require an average family of only slightly more than two children. As emphasized at the World Population Conference and elsewhere, many parents apparently want three or more children even when safe, effective, acceptable, and affordable family planning services are readily available. Thus, development policies and programs can be specifically tailored to change the social, cultural, and economic milieu to encourage smaller families, thereby effectively complementing better family planning services and information. The policy options vary widely, but improving the status of women and increasing their basic opportunities is apparently of fundamental importance in lowering fertility. Finally, and most importantly, the types of

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measures specified in Section II above with regard to leadership direction, community approaches, etc., should help influence decisions for smaller family sizes.

K. Program Directions: Consistent with the broad policy emphasis described above, this section sets forth AID's program directions in two parts -- (1) Population Assistance and (2) Other AID and P.L. 480 Assistance.

(1) AID Population Assistance

L. As in the past, AID population assistance funds will be used primarily for family-planning service delivery; education and publicity programs; training of family planning personnel; directly relevant research; provision of population-related components in broader education, health, nutrition, rural development, and other programs; and exploration of the links between development and fertility. The new emphasis will be reflected in the program mix as indicated below.

M. A major AID thrust in family-planning service delivery, as in the broader health area, will be the development of less expensive and more widely dispersed systems of service delivery capable of reaching the large masses of the poor, and particularly of the rural poor. The expensive and usually urban clinics with which family planning programs have typically started cannot reach the rural poor. Thus, AID is vigorously encouraging development and extension of basic, low-cost, village-based services. This will involve both greater use of paramedical and volunteer staff and integration of health, nutrition, and family planning efforts at the lowest sensible level.

N. AID's program directions are arrayed in six functional categories of assistance and are as follows:

Category 1: Demographic Data

- Place less emphasis on relatively less detailed censuses (see Section IV above).
- Moderately expand efforts to develop more detailed demographic data to permit better program-impact analysis.

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Category 2: Population Policy

- Moderately expand research, particularly LDC-based, on linkages between fertility and various aspects of development, particularly including:
 - a) female education of various types and levels;
 - b) female employment;
 - c) health (especially of children);
 - d) nutritional status of women and children;
 - e) incentives/disincentives to encourage smaller families;
 - f) income growth, distribution, and rural development (especially as to food);
 - g) laws and policy statements supporting family planning.
- Moderately expand measures to bring out the development implications of population growth and the potential for influencing fertility through development programs.
- Moderately expand pilot projects and experiments in areas a)-f) above, providing technical assistance or financial support.

Category 3: Research

- a) Bio-medical Research*
 - Moderately expand projects to field-test internationally promising new family planning methods.
 - Moderately expand research to develop or improve new methods (especially once-monthly methods and reversible sterilization) and international research on side effects of available methods, especially pills, among particular users.
 - Moderately expand research on the relationship between nutritional status and fertility.

*Subject to legislative restrictions, e.g., the Helms Amendment which prohibits support for abortion-related assistance other than research.

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b) Operations Research

- Sharply expand LDC-based research on the comparative effectiveness of alternative approaches to family planning services and information, focusing particularly on low-cost, village-based distribution using health auxiliaries, etc.
- Sharply expand research on the extent to which such village-distribution schemes require clinic backup.
- Moderately expand research on prospects for LDC production of contraceptives and other family planning supplies.

Category 4: Family Planning Services

- Encourage provision of a variety of family planning methods, particularly pills, condoms, and sterilization.*
- Sharply increase efforts to help establish and expand village-based distribution of family planning services in rural areas particularly through low cost systems relying on health auxiliaries and laymen, working through local leadership, and promising short start-up time.
- Encourage integration of health, nutrition, and family planning services wherever sensible, taking care to encourage movement on either the health or family planning front where simultaneous movement may be very difficult.
- Seize opportunities to "piggyback" family planning services on existing delivery systems, particularly clinics, where they are available (e.g., some Latin countries).
- Encourage allocation of health funds to establish broad-based, low-cost delivery systems that could add in family planning where that approach seems most promising (e.g., some African countries).

*Subject to legislative restrictions, e.g., the Helms Amendment which prohibits support for abortion-related assistance other than research.

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- Encourage provision of appropriate contraceptives through private channels (e.g., midwives) or commercial outlets.
- Work with intermediaries, public-funded programs, or both, depending on potential effectiveness.

Category 5: Information, Education, and Communication (IEC)

- Undertake broad family-planning awareness campaigns largely only where general awareness is very limited.
- Where basic awareness exists, fine-tune existing IEC efforts so they are:
 - a) country and culture specific;
 - b) informative on each specific method of family planning;
 - c) related to personal needs and aspirations;
 - d) focused considerably on the interface between village family planning worker and village client;
 - e) reliant on relatively inexpensive media with broad outreach that require little or no reading (e.g., radio).
- Sharply expand operational field testing to better determine which combinations of the many modern and traditional media are most effective and appropriate.

Category 6: Manpower and Institutional Development

- Sharply expand efforts to assist LDC-based training of health auxiliaries or laymen for village-based distribution.
- In countries having enough basic family planning workers at present, focus on filling specific institutional and personnel needs.
- Moderately expand efforts to strengthen planning and management capacity at all program levels.

O. Funding Levels: To carry out this program, AID estimates population funding levels of over \$200 million (including UNFPA) will be needed annually over the next several years with a possibility for increased levels beyond this, given the enduring quality of the population problem. Obviously, the exact budget level in any given year will

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need to reflect LDC interest and absorptive capacity, the effectiveness of on-going programs, other donor activities, research breakthroughs, and competing demands on funds. In Table 1 at the end of this Section, rough suggestions for total future population funding indicate the scope of the population problem and the shape an expanding program might take, consistent with the policies described above. These estimates could -- and should -- change based on specific country program strategies that will be drawn up as a result of this NSDM review.

(2) Other AID and P.L. 480 Programs Relating to Fertility

P. In the FY 1978-79 Foreign Assistance Act legislation recently forwarded to the Congress, the importance of non-population programs as an influence on fertility is recognized. AID will increasingly give this factor weight in developing and implementing its programs, as the following illustrations suggest:

1. Rural development.

- Plan, administer, and evaluate coordinated packages of policies and programs (including P.L. 480 Title II, Food-for-Work) designed to foster production, promote employment, lessen urban migration, expand opportunities particularly for women, promote more equitable distribution of goods and services, and encourage smaller families.

2. Health.

- Reducing fertility is a primary objective since it contributes directly to better health of mothers and children.
- Appropriate integration of health, nutrition, and family planning measures is receiving higher priority.

3. Nutrition.

- The relationship with fertility is also very close; for example, breastfeeding helps both to improve child nutrition and to postpone pregnancy.

4. Education.

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-- Much greater attention should go to seeing that programs of all sorts reach more girls and women, who are usually a distinct minority among the beneficiaries.

While imperfections of both statistical data and methodologies preclude precise estimates of the impact of these approaches, more will be done to clarify the picture in the future. Thus, the Agency will be better able to assure that all measures having a major influence on fertility -- or on health, or on well-being however measured -- can be coordinated more effectively to assure maximum impact. An independent analysis of population-related assistance (Annex III) has been prepared by AID to provide more detailed information.

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